

SCHOOL BUS CHARTER APPLICATION

Wisconsin Department of Transportation

MV2438 3/2008 s.341.26(7) Wis. Stats.

Use this form for a school bus registered with a school bus plate, which requires a charter bus gross weight registration.

Please print or type all information. See information and fee schedule on reverse.

NOTE: Full name must be given. If more than one owner, list as the last owner, the name associated with the address given.

Owner Names	Last	First	Middle Initial	Fein - Social Security Number - Driver License #
				Fein - Social Security Number - Driver License #
				Fein - Social Security Number - Driver License #
				Fein - Social Security Number - Driver License #

Owner Street or Rural Route	City	State	ZIP Code	Area Code - Telephone Number
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Lessee Names	Last	First	Middle Initial	Fein - Social Security Number - Driver License #
				Fein - Social Security Number - Driver License #
				Fein - Social Security Number - Driver License #
				Fein - Social Security Number - Driver License #

Lessee Street or Rural Route	City	State	ZIP Code	Area Code - Telephone Number
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Registration Period <input type="checkbox"/> Annual (Jul - Jun) <input type="checkbox"/> Quarterly <input type="checkbox"/> 1st (Jul - Sep) <input type="checkbox"/> 2nd (Oct - Dec) <input type="checkbox"/> 3rd (Jan - Mar) <input type="checkbox"/> 4th (Apr - Jun)	Carrier Class - Check One <input type="checkbox"/> Private (No permit fee required) <input type="checkbox"/> Intrastate - For Hire Only (\$5.00 annual permit fee)	Authority Number Present School Bus License Number Fee Amount Submitted
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Vehicle Identification Number (1955 or later)	Year	Make	Fleet No.	Vehicle Type
				SC BS

Total Inches of Seating (Include driver seat)	Adult Capacity	(Lbs/Pass)	Adult Wt Capacity	Empty Bus Wt	GROSSWEIGHT
<div> <div>_____ Divided by 20 = _____</div> <div>X 150 = _____</div> <div>+ _____ = _____</div> </div>					

NOTE: Gross weight charter bus registration fees are required for each quarter of operation or for the balance of months in the current quarter which have not fully expired on the application date. EXAMPLE: 2nd quarter (Oct, Nov & Dec) - application date = Nov 1st - registration fees needed for 2 months of operation (Nov & Dec).

I (We) certify that the above information is true.

X _____

X _____

FEE SCHEDULE

GROSSWEIGHT	ANNUAL	QUARTERLY
8,000	\$ 106.00	N/A
10,000	155.00	\$ 38.75
12,000	209.00	52.25
16,000	283.00	70.75
20,000	356.00	89.00
26,000	475.00	118.75
32,000	609.00	152.25
38,000	772.00	193.00
44,000	921.00	230.25
50,000	1,063.00	265.75

The QUARTERLY FEE is one-fourth the annual fee plus \$5.00 per application.

INSURANCE

Proof of insurance must be filed with the Division of Motor Vehicles.

GENERAL INSTRUCTIONS

Remittance: Make money order, check or bank draft payable to: **Registration Fee Trust**
One remittance may be used to cover total fee due. If applicant resides outside Wisconsin, personal checks must be certified.

Mail to: Wisconsin Department of Transportation
Vehicle Registration and Titling
P. O. Box 7926
Madison, WI 53707-7926

If you need assistance completing this form, please call 608-266-1466.